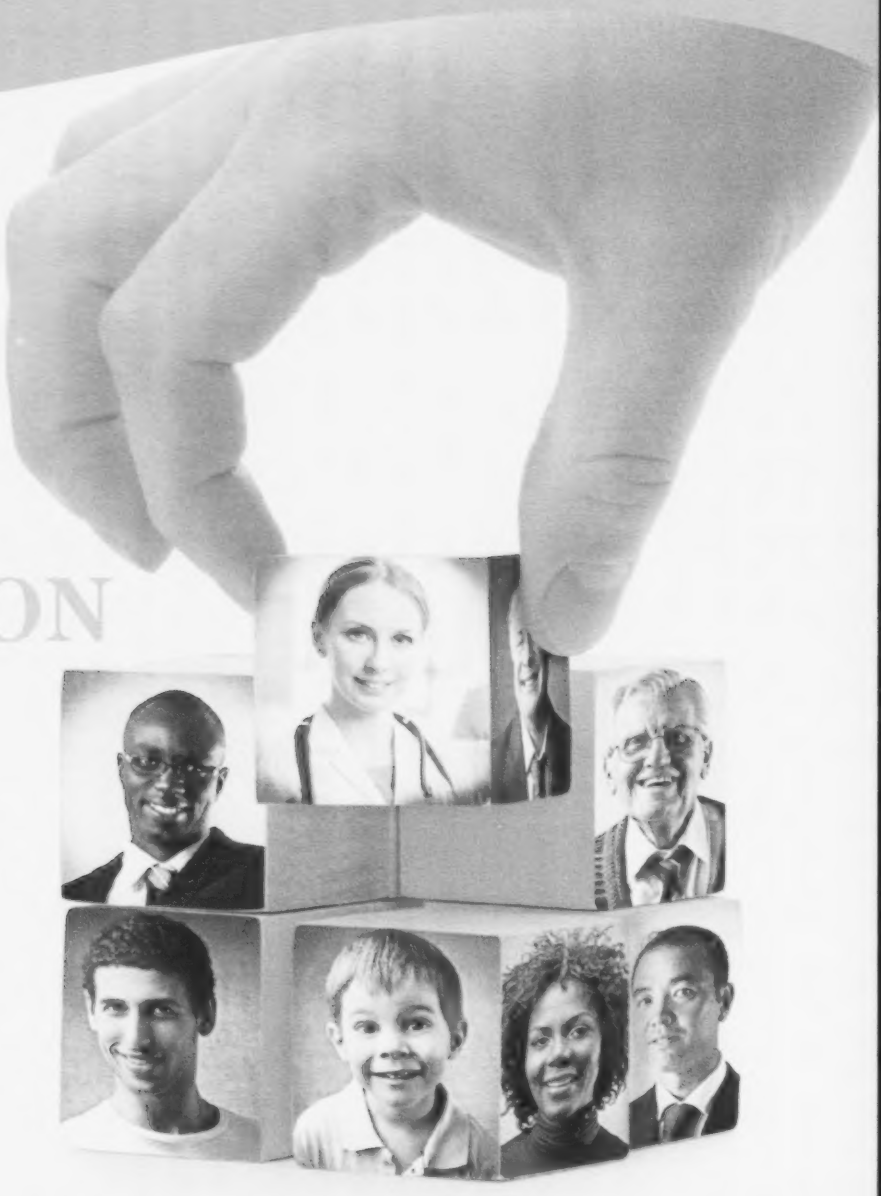
Mississauga Halton **LHIN**



INTEGRATION IN ACTION

Shaping a Healthier Future Together

Mississauga Halton **Local Health Integration Network**

Annual Report 2012-2013

Ontario

Mississauga Halton Local Health Integration Network

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Mission

To lead health system integration for our communities

Vision

A seamless health system for our communities - promoting optimal health and delivering high quality care when and where needed.

Values

Innovation:
We explore and support imaginative initiatives and solutions

Integrity:
Our actions and words reflect honesty, integrity and good judgment

Accountability:
We will routinely evaluate our judgments and decisions

Partnership:
We will work in partnership with our community, health service providers and the provincial government

Respect:
We will actively listen and work together with dignity and consideration

Holistic Approach:
Our work will reflect and recognize the connection between the body, mind and spirit

Message from the Board Chair and CEO

This is an important time in LHINs journey. We are witnessing Ontario's Action Plan for Health becoming a reality. A better health care system is taking shape and it is with a great sense of accomplishment that we look at what we have achieved together.

At the Mississauga Halton LHIN our vision is very simple: A seamless health system for our communities – promoting optimal health and delivering high quality care when and where needed.

With our rapidly growing and aging population in the Mississauga Halton region, we continue to focus on those who are most in need of health care services and wrap coordinated and effective services around them bringing better value in healthcare and better patient outcomes.

The Mississauga Halton LHIN has steadily prepared for this extraordinary growth and increased demand by enhancing and integrating programs, building capacity in our communities, and strengthening primary care and supportive care so people stay healthier and out of hospital longer.

Through the introduction of innovative thinking such as Health Links we aim to strengthen home care and community care, a key pillar of our government's Action Plan for Health Care. This move engages and integrates a wide range of providers such as general practitioners, nurses, physiotherapists, community health workers and pharmacists.

2012-2013 has been an active year at the Mississauga Halton LHIN:

- **Launch of the Caregiver First Strategy** to improve support for caregivers and their families.
- **Developed two critical tools: Supports for Daily Living (SDL) Resource Manual and the SDL Standards Manual** bridging the gaps between and across agencies in pursuit of a comprehensive SDL program and service delivery system.
- **Creation of a Holiday Surge Protocol** –a regional approach to planning for service availability and coverage over the holidays improving access to the most appropriate care, based on needs and location.
- **Assumed responsibility for the Regional Diabetes Strategy** improving the coordination of care and streamlining services for people living with diabetes.
- **Established an Emergency Response Fund for Community Support Service Providers** helping clients who need extra service for example due to a sudden illness.
- **Formation of the Regional Hospice Palliative Care Steering Committee** providing strategic leadership in planning, educating, evaluating and coordinating hospice palliative care services across all care settings.
- **Launched our 2013-2016 Integrated Health Service Plan: Partnering for a Healthier Tomorrow** – identifying five key priority areas with specific goals.
- **Grew the Nurse Practioner Stat program** – now providing service to all 27 Long Term Care homes in our LHIN, providing over 8000 referrals and preventing over 6000 potential visits to the emergency department.
- **Introduced a new Community Chronic Obstructive Pulmonary Disease (COPD) Education Program: Breathe Better – Live Better** - providing education and support for people with COPD.

- **Invested $13M to fund local important community programs** for instance:
    - Providing additional care at home services focused on complex, chronic, palliative and short stay programs.
    - $1.5M to increase access to **Opioid Treatment and Support.**
    - Improved access to the Supports for Daily Living providers that serve over 900 clients each year.
    - Establishment of a **Central Registry In-Home Respite Services.**
    - **Training twenty-four staff in the Mental Health Commission of Canada's Mental Health First Aid and Crisis Intervention Certificate Program who will share the education program** resulting in 700 new certifications.

To develop a strong governance culture across our region the Mississauga Halton LHIN Board established a **Community Governance Consultation Group** which includes 13 Board Chairs from our community service providers. Also founded was the **Mississauga Halton LHIN Board Quality Committee**, a standing committee of the Board dedicated to driving quality transformation throughout our region.

As the Mississauga Halton LHIN population continues to grow at one of the fastest rates of any LHIN in Ontario, hospital capacity must be expanded to meet the healthcare needs of local residents. Both hospital organizations Trillium Health Partners and Halton Healthcare Services capital expansions have been endorsed by the Mississauga Halton LHIN and are currently in advance stages of planning with some construction underway.

New models of care and new pathways are being developed through investments in innovative programs such as Rapid Response Nurses, Behaviour Supports, and a Caregiver Recharge program which has patients, families and caregivers at the centre and aims to reduce unnecessary hospitalization, stress and burnout.

We want to thank all of the members of the Mississauga Halton communities for their valuable input in to the development of our 2013 – 2016 Integrated Health Services Plan *Partnering for a Healthier Tomorrow*, which has already led to expanded access to opioid treatment by providing additional resources and supports. This new plan enhances and deepens the direction in which the Mississauga Halton LHIN has been heading.

Thank you to the leadership, expertise, and passion of all our partners - health service providers, local residents, municipal partners, volunteers and our dedicated staff, this past year was significant, one in which continues to shape a healthier future.

Graeme Goebelle
Chair, Mississauga Halton LHIN

Bill MacLeod
CEO, Mississauga Halton LHIN

Board of Directors

Graeme Goebelle
Chair

Appointed :
June 9, 2011

End of Current Term:
January 4 , 2014

Ronald Haines
Vice Chair

Appointed :
June 17, 2010

End of Current Term:
June 16, 2013

Jackie Conant
Member

Appointed :
June 17, 2010

End of Current Term:
June 16, 2013

Kim Piller
Member

Appointed :
June 9, 2011

End of Current Term:
June 8, 2014

Sonia Sanhueza
Member

Appointed :
May 17, 2011

End of Current Term:
May 16, 2014

Duncan J. MacIntyre
Member

Appointed :
June 9, 2010

End of Current Term:
June 8, 2013

Shelagh Maloney
Member

Appointed :
Feb. 9, 2011

End of Current Term:
February 8, 2014

Jason Wadden
Member

Appointed :
Feb. 5, 2010

Reappointed
February 5, 2012

End of Current Term:
February 4, 2015

The Mississauga Halton LHIN is governed by an independent, community Board of Directors. Board members are selected based on their specific skills and expertise and are appointed by the Lieutenant Governor Order-in-Council. The LHIN Board is responsible for identifying local issues and defining goals for tangible improvements to health care in the communities within Mississauga Halton.

The Board provides leadership and sets strategic prioities implemented by a small team of professional staff.

Mississauga Halton LHIN board meetings are open to the public and take place at the Mississauga Halton LHIN located in Oakville. There are three standing committees of the board – Finance and Audit, Governance and Community Nominations, and Quality.

Welcome to Mississauga Halton LHIN

Ontario's LHINs: The Capacity for Change

The Mississauga Halton LHIN is one of Ontario's 14 LHINs established to manage the planning and performance of the health care system and to bring greater accountability and leadership as it changes and evolves.

Everyone has a role to play in the change. We are working with our health care community driving the transformation of the way health care is delivered, funded and accessed based on evidence, accountability and innovation.

The Mississauga Halton LHIN is the embodiment of the belief that our communities know our own health care needs and priorities the best. And with their voices heard, we are making it easier to receive the kind care they need, when they need it, close to home.

The reality of a well-coordinated and innovative patient-centred system is being brought to life while we articulate provincial priorities in a way that makes sense locally with a focus on :

- Reducing ER Wait Times and ALC pressures
- More home and community services investments to provide better support for seniors
- Increasing access to mental health and addiction services, and
- E-health – improving connections across the region

2012/13 denotes the final year of the Mississauga Halton LHIN's second Integrated Health Services Plan (IHSP) which focuses on six key priorities:

- Improving access, quality and sustainability of the health system
- Create LHIN-wide regional programs
- Prevention and Management of Chronic Conditions
- Integrating Mental Health and Addictions Services
- Enhancing Seniors' Health, Wellness and Quality of Life
- Strengthening Primary Care

This year, through the combined effort of health care providers and agenices, we continued to build on the progress we have made, lead and model financial accountability for tax-payer dollars in a landscape of growth, aging and change. Together, we are shaping a healthier future.

Local Health Care Service

The Mississauga Halton LHIN develops innovative and collaborative solutions to improve and sustain the health care system for our patients and communities. Together, with our world-class health partners, the LHIN is the regional nerve centre of the health system.

We work with:

- Two hospital corporations, spanning six sites
- 34 community support service providers
- 28 long-term care homes
- 11 mental health and addiction service providers
- 1 Community Care Access Centre (CCAC)

Our Community

Our LHIN covers one of the fastest growing and most diverse regions in the country. Nearly 1.2 million residents from Halton Hills, Milton, Oakville, Mississauga and South Etobicoke call our LHIN home and rely on the services that are provided here to live healthy and happy lives.

The Mississauga Halton LHIN population is one of the most culturally and linguistically diverse regions in the province of Ontario. Over one-third of our residents belong to visible minorities and 40 per cent of our residents indicate that their native language is other than French or English. Mississauga Halton is home to 35,730 Francophones, with the highest concentration located in the City of Mississauga. Compared to other LHIN regions, Mississauga Halton has one of the smallest Aboriginal populations, with approximately 4,300 people who identify themselves as Aboriginal and approximately 10,000 people who report Aboriginal ancestry or origins.

At a Glance

- Nearly 1.2 million people call our LHIN home
- 40% of Mississauga Halton LHIN residents speak a language other than English or French
- Mississauga Halton LHIN is aging at a rate second fastest in Ontario
- We are as socio-economically diverse as we are culturally diverse
- Our population will grow by almost 50% by 2030
- Our LHIN has the second smallest geographical footprint in Ontario

Our Health

The residents of the Mississauga Halton LHIN are generally healthier and live longer than the provincial average. Health is determined by many factors; social, economic and cultural. While the proportion of residents in Mississauga Halton living in low income is better than the provincial average, Southeast Mississauga and South Etobicoke residents have higher than provincial rates. The unemployment rate for youth in the LHIN is slightly higher than the rest of the province, as is the unemployment rate for adults in South East Mississauga.

About one-third of our residents live with the challenges of a chronic condition. The incidents of chronic conditions such as diabetes, hypertension and asthma are growing in our communities.

Chronic conditions account for 60 per cent of the LHIN's mortality rate. By focusing on chronic conditions we could potentially affect 25 per cent of all acute hospital days. As our population ages and changes, we can expect to see more of our residents living with multiple chronic conditions.

Engaging the Mississauga Halton LHIN Community

Community Engagement is an integral part of the LHIN model and central to what we do. Meaningful engagement enables health system development in the Mississauga Halton LHIN to be informed by the experiences and stories of those who provide and receive care in Mississauga Halton. We believe it is central to fostering collaboration and increasing accountability, which are essential elements for health system integration and transformation. The Mississauga Halton LHIN respects the unique roles of providers, patients, families and community partners. The foundations for transformative change are these mutually respectful relationships.

Over the 2012-13 fiscal year, the Mississauga Halton LHIN held a large number of important engagements with its community of clients, providers and partners. The Integrated Health Services Plan (IHSP) and the initiative on reducing avoidable hospitalization and long-term care home demand were two major initiatives that involved a significant amount of engagement with the community.

Partnering for a Healthier Tomorrow: Engaging on our IHSP

Over a nine week period, the Mississauga Halton LHIN reached out to nearly 2000 people to gather input on the health care system. Residents, patients, consumers and health care providers shared their perspectives on the health care system and provided feedback on our proposed priorities for the future.

Hearing these stories highlighted the successes and challenges in the system. Following this extensive community engagement, five key priority areas were identified along with corresponding goals and strategies.

The new IHSP is built with a clear focus on the person as an engaged and active participant at the core of all that we do. That holistic, person-centred approach is reflected across the priority areas aimed to address issues that are common across the health care continuum. However, this approach will be impossible if we do not have rigorous engagement and public participation throughout our journey.

Governance to Governance Engagement

As part of an integrated approach to health service provider engagement, regular governance-to-governance dialogue sessions are scheduled to support health service provider governors.

The Mississauga Halton LHIN held three engagement sessions with the Boards of Directors of our health service providers over the 2012-13 year focusing on: Enhancing Home Care; Funding, Accountability and Governance; and "Driving Transformation - Bringing Our Strategic Plan to Life through Collaborative Governance".

Aboriginal Engagement

The Mississauga Halton LHIN continues to strengthen its relationship with the local Aboriginal community. Over the last year, the Mississauga Halton LHIN partnered with the Credit River Métis Council, Peel Aboriginal Network and Métis Nations of Ontario to fund community engagement events ranging from medicine walks to drum making ceremonies for the benefit of the Aboriginal population.

These partnerships provided an opportunity for the Mississauga Halton LHIN to gather Aboriginal input in its work on Health Equity and Mental Health and Addictions.

The Mississauga Halton LHIN partners with all 14 LHINs in developing a provincial plan for Aboriginal services. Over the last year, the group was focused on the development of cultural competency training within LHINs and out to health service providers (HSP). The development of clear provincial indicators and deliverables is also work underway. The group continues to look at cross-LHIN collaboration on initiatives, knowledge transfer and communication, Aboriginal community engagement and planning for an integrated health care system.

Collectively, the LHINs have agreed to focus on Aboriginal youth who suffer from Mental Health and Addictions issues and work to improve data accuracy to better understand the Aboriginal population.

Francophone Engagement

The Francophone community remains a priority for the Mississauga Halton LHIN. In an effort to better understand the needs of our Francophone community, the Mississauga Halton LHIN continues its partnership with the Toronto Central LHIN, Central West LHIN and the French Language Health Planning Entity #3: Reflet Salvéo.

Reflet Salvéo has been a key partner in engaging the Francophone community in all three LHINs. This year, they were able to produce reports highlighting the findings of their community engagement. These reports provide valuable information for the LHINs and help draw attention to significant needs and gaps in each LHIN area.

Reflet Salvéo has accomplished another productive year in the planning and development of French Language Services with the Mississauga Halton LHIN. We have created common understandings and great working synergy; aligning priorities and worked collaboratively at developing a French Language Services plan which we know will benefit the Francophone community for the years to come.

Through last year's work plan, the Mississauga Halton LHIN worked with five identified health service providers to further develop the services offered to the Francophone community. The Mississauga Halton LHIN continues to work with each health service provider individually and collectively so that they can increase their capacity to offer services and develop stronger partnerships between the members of the group as well as other stakeholders in the community.

During this past year, the group of identified HSP's was connected with Reflet Salvéo and the Credit Valley Family Health Team's bilingual site to offer support. The bilingual site offers a great service and is a good source of information which was previously non-existent for the Francophone community.

Shaping a Healthier Future Together - Accomplishments in 2012/13

Improving access, quality and sustainability of the health system

One of the most pressing challenges in our LHIN is people who are in hospital beds, but would be best cared for in a supportive community setting or at home. Community care costs a fraction of what it costs to care for a patient in a hospital or a long-term care home. We are working with our hospital partners to transition care out of hospitals to the community level, close to home.

Emergency Department Wait Times

Helping patients receive treatment faster in the emergency department is part of Ontario's Action Plan for Health Care. Ontario's Pay for Results Program helps hospitals meet specific emergency department (ED) wait time reduction targets by providing financial incentives to hospitals in the Mississauga Halton LHIN and ensure they treat more patients within the targets.

The ED Pay for Results program continued into its fifth year in 2012-13, with all Mississauga Halton hospitals participating. This initiative was funded to assist hospitals in meeting their ED Admitted patient indicator wait time.

Supporting hospitals facing the biggest ED challenges and building on the province's success of its ED performance improvement program, this year, through the Mississauga Halton LHIN, Ontario supported Trillium Health Partners and Halton Healthcare Services with $8 million in 'one time' funding to support the ED Pay 4 Results of the provincial program of $93 million to improve emergency department performance.

Although there is still work to be done for admitted patients, the Mississauga Halton LHIN has surpassed the target in ED wait times for non-admitted patients. In fact, over 90 percent of Mississauga Halton patients who are not admitted are seen in under the provincial wait time target. Through the efforts of Pay for Results action plans, improvements have been seen in non-admitted ED wait times, despite an increase in total volumes.

"The emergency departments at Trillium Health Partners are under a tremendous amount of pressure; receiving over 180,000 visits every year. We need innovative strategies and strong community partnerships to address this demand. This funding will provide some much needed support in helping us achieve that,"

Michelle DiEmanuele, President and CEO, Trillium Health Partners

Alternate Level of Care

Reducing Alternate Level of Care (ALC) days is a key priority for the Mississauga Halton LHIN and for our local health service providers. Working with our hospital and community health service partners we continually aim to provide better and faster access to emergency departments for the rapidly growing population in our LHIN.

While the Mississauga Halton LHIN is committed to achieving the provincial target of 10.44 percent, the percentage of our ALC days has increased to 12.32 percent in 2012/13 (Q3). Despite the increase the Mississauga Halton LHIN ranked fourth across the province for ALC and has the lowest readmissions to rate in the province.

Successful community investments has led to more appropriate post-hospital discharge of ALC patients to home care and community programs, especially in the Supports for Daily Living Programs.

Many of these investments made in ALC initiatives are contributing to more appropriate use of emergency departments by enhancing and increasing the capacity of community based services, many through the Aging at Home strategy. We are dedicated to continuing to improve rates ensuring clients receive the right care in the right place and enable a significant reduction in emergency department wait times.

Supports for Daily Living

SUPPORTS FOR DAILY LIVING

Supports for Daily Living (SDL) program is a 24/7, award-winning program founded with the provinces 'Home First' philosophy in mind. Recently, the SDL Leadership Group developed two critical tools: the SDL Resource Manual and the SDL Standards Manual.

The SDL Resource Manual has been prepared to provide other LHINs and health service providers with an understanding of how the SDL model works and evidence of the impact the service can have on health system performance. The background knowledge and guidelines to help develop and replicate the Supports for Daily Living service in other communities was the essential driving force behind creating materials that can spread information.

The SDL Standards Manual sets forth the guidelines for the operation of SDL services. These standards have been designed to align with the Assisted Living Services for High Risk Seniors Policy, (Ministry of Health and Long Term Care, 2011) and as a complement to other information. The Standards Manual is a comprehensive effort to collaborate, operationalize and bridge gaps between agencies in pursuit of a comprehensive SDL program and service delivery system.

Home First Evaluation Project:

The Home First philosophy holds that when a person enters a hospital with an acute episode, every effort should be made to ensure adequate resources are in place to support the person to ultimately go home on discharge.

Reducing Alternate Level of Care (ALC) rates in hospitals and diverting patients from potentially inappropriate long-term care placement is a focus at the Mississauga Halton LHIN. Programs were put in place to reduce ALC rates are now known as Home First.

In August 2012, an evaluation of the "Home First" program including the Wait at Home, Wait at Home Enhanced and Stay at Home programs was completed. The evaluation included rigorous research, reliable and valid data, assessment of return on investment and program optimization opportunities. The report highlighted recommendations for the Home First concept and the three programs in particular. Program evaluations such as these are important for providing information to stakeholders to help in the planning and delivery of similar programs by providing information for future action.

Integrated Discharge Planning Project

Mississauga Halton LHIN health system partners (CCAC, hospitals) are aligning efforts to achieve system-wide improvements defining a new model to improve transitions between care settings for clients/patients, and by recognizing the collective role of the hospitals and CCAC in supporting successful transitions.

The goal of the Integrated Discharge Planning Project is to develop an integrated hospital transition model (IHTM) with a single point of accountability that positively impacts:

- Client/Patient Experience - Client/Patient and family satisfaction
- Quality - Readmission Rates, Wait Times
- Utilization - Length of Stay, ALC, Avoidable Emergency Department (ED)
- Admissions

The Project Deliverables include:

- Conducting an Environmental Scan that identifies leading practices in transition management
- Conducting a Current State Assessment that engages key stakeholders in identifying current practice as well as gathering data specific to key performance areas, and
- Developing three scenarios and three implementation plans as well as evaluation frameworks for each, which would identify the potential for one of these to be utilized as the model for implementation in the Mississauga Halton LHIN

Long-Term Care Home Beds at Trillium Health Centre

Providing the most appropriate care in the most appropriate place is a hallmark of the LHIN model. While providing community-level care to our residents in their homes is often our first priority, from time-to-time it is not possible. That is why we created 21 Interim Long-Term Care beds. These beds give patients access to a caring and supported environment in hospital while they wait for a permanent placement in a Long-Term Care Home of their choice.

Working as a Team to Improve Emergency Response

A community effort in Halton took shape this year to support individuals with mental illness during a time of crisis. Supported by the Mississauga Halton LHIN, the Halton Crisis Plan and Protocol is a partnership between Summit Housing & Outreach Programs, the Halton Regional Police Service and the Canadian Mental Health Association – Halton Region.

The protocol is designed to ensure police and social services work together as a team to:

- Support the emergency response provided to individuals with a mental illness in crisis
- Increase the effectiveness and cohesiveness of crisis services for the Halton Region
- Promote the use of the common crisis plan to improve service coordination for individuals who are likely to use crisis services

A crisis plan can be an essential tool for police and community services to provide a comprehensive response to an individual experiencing a crisis.

The collaborative efforts of police and community agencies along with the common crisis plan and the protocol, aim to provide supports as well as reduce crime and emergency department visits by individuals with mental illness.

"These partnerships in our community are critical to bridging the gap and finding solutions for those individuals with mental illness experiencing crisis. Working cross functionally and most importantly collectively with individuals with mental illness, additional supports can be put in place to ensure the best response, one that embodies respect, dignity and compassion."

Kevin Flynn, MPP, Oakville

Standardized Assessment – Enhanced Care Planning and Team Work

Standardized Assessments in the Community Support Service sector help our local providers collect and share high quality data and reduces waste and duplication. Assessment and screening tools use technology to facilitate sharing between organizations that are typically visited by the same client more than once. This also ensures that the client receives the same complete assessment no matter which door they use to access the services that they need. The assessment and screening can be completed over the phone and puts the client at the centre of care.

The Mississauga Halton LHIN Regional Community Supports Service (CSS) and Common Health Assessment (CHA) Committee planned and launched the service throughout the sector in 2012.

To date over three quarters of our Community Support Service agencies have adopted shared assessment tools.

Harnessing the Power of Information Technology

The CSS sector went "live" across the Mississauga Halton LHIN region this year with an Integrated Assessment Record (IAR) database. The Mississauga Halton LHIN Regional CSS CHA Committee has successfully concluded CHA instrument implementation and the majority of IAR database.

Mississauga Halton LHIN CEO Bill MacLeod presents a certificate of appreciation to the CHA Committee

The Integrated Assessment Record IAR enables health providers to view a client's information. This allows improved collaboration with other care providers and can help ensure assessments are completed in a timely and complete way, securely and accurately enabling effective planning and delivery of services to the client.

The implementation of the IAR enables this information to move with a client from one health service provider to another. Work is on-going to spread this technology and support other cross-sector implementation. Mississauga Halton Mental Health and Addiction agencies have completed their assessment implementation and are well positioned to implement this useful tool.

The LHIN acknowledges the extraordinary work that was accomplished throughout the Community Support Services Common Assessment Project and the collaboration that is a core function of the LHIN.

Integrated Orthopedic Capacity Plan – efficiency and effectiveness in the health care system

To improve wait times and quality for elective inpatient orthopaedic surgery, we engaged with orthopaedic providers across the LHIN and together developed an Integrated Orthopaedic Capacity Plan.

The Integrated Orthopaedic Capacity Plan is the first in a series of plans that enables the articulation of the LHIN's plans for system change at the local level, facilitate volume management, and move towards standardizing care and encouraging investments in quality improvement and patient safety.

Through the consultation process a number of opportunities for improvement were identified to align with the future vision:

The orthopaedic services within the Mississauga Halton LHIN will be developed with a patien-centred focus, thereby meeting the needs of all orthopaedic patients including trauma and elective. The services will be fully integrated across the continuum of care to promote timely access and patient flow while effectively utilizing the health care resources available.

Five key system changes have been identified for the future vision:

- Regional service delivery model for inpatient and same day surgery
- Standardize care across the continuum
- Expand performance and data management
- Develop a plan for a central intake system
- Review and recommend a future vision for rehabilitation services

The LHIN is exploring each of these key system changes and is focused on developing action plans ensuring timely access and better value.

Long-Term Care Homes: Capacity to Care for High Need Residents

Through the support of a number of initiatives, long-term care homes have been improving access and quality by focusing on individuals with complex needs.

Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)

The NPSTAT program is a rapid response team of Nurse Practitioners (NPs) dedicated to ensuring residents of Long-Term Care homes have the spectrum of care they require to remain out of emergency rooms. NPs address the acute clinical needs of residents in partnership with physicians and staff; leading the way to avoid transfers to local emergency departments. With additional funding this year the program has been able to grow and more residents are able to remain out of emergency rooms.

Providing service to all 28 Long Term Care homes in our LHIN, this past year the NPs have had over 8000 referrals and have been able to prevent over 6000 potential visits to the emergency department. That means 83% of patients seen by the NPSTAT team can be cared for at home and can remain out of hospitals.

Restore Transitional Program

The Restore program helps patients regain physical functioning after a long hospital stay and will transition patients from acute hospital care to home after growing stronger.

The Restore program is located at Cooksville Care Centre and is a unit that provides increased activation, rehabilitation and restorative services to patients.

As of March 1, 2013 there are a total to 36 Restore Beds, meaning that 120 patients have been able to regain function and grow stronger from this program with most returning home.

Community Support Services and Mental Health and Addiction Agencies Accreditation

The recent Multi-Sector Service Accountability Agreement (M SAA) refresh aligned the Mississauga Halton LHIN Community Support Services (CSS) and Mental Health & Addiction health service providers through Accreditation. Accreditation of health service providers ensures that funding is tied to quality health care initiatives.

As of January 2013, 41 community health service providers have completed their accreditation with the remaining scheduled for completion by September 30, 2013.

Expansions and Improvements in Hospitals

As the population continues to grow at one of the fastest rates in Ontario, the LHIN is working to ensure ample capacity to meet the healthcare needs of residents today and tomorrow. Hospital capital expansions are being planned or have been endorsed by the Mississauga Halton LHIN to help build the care capacity in the region.

The Credit Valley Hospital and Trillium Health Centre:

- Increasing Operating Room Volumes
- Improving Emergency Department Visits
- Increasing ICU Volumes
- Kitchen and nutrition services

Halton Healthcare Services (HHS)

Georgetown Hospital:

- Emergency Department expansion
- Adding a CT scanner
- Increasing the size of the Diagnostic Imaging Department
- Modernizing the hospital environment

Oakville Hospital:

- A new build with completion, occupancy and official opening in late 2015. The new hospital will be approximately 1.6 million sq. ft. more than three times the size of the current hospital and will have capacity for 457 beds with space to grow to 602 beds in the future.

Milton Hospital:

- New construction planned to support the needs of a rapidly-growing community. Families will benefit from modernized and expanded services. This redevelopment will:
  - triple the hospital's existing size - providing more room for patients to be served
  - create capacity for up to 70 new beds
  - provide significant expansion for the maternal child unit; and
  - almost double the size of the hospital's current Emergency Department

Together, these capital projects will help to ensure that our hospitals have the appropriate capacity to meet the growing needs of Mississauga Halton LHIN residents.

Create LHIN-Wide Regional Programs

A unique priority for the Mississauga Halton LHIN is the creation of regional centres of expertise and excellence. By creating region-wide programs we are better able to address the needs of residents in a coordinated way that provides quality care and reduces duplication and waste among our providers.

Regional Hospice Palliative Care

The palliative care model in our LHIN has provided the basis for building end-of-life community programs. Along with our local providers, the LHIN has developed a three-year strategy and plan based on the priorities identified through extensive engagement with the sector and local patients and families.

The investments made in palliative care initiatives have facilitated the reduction of hospitalizations, emergency room visits and the average length of stay in hospitals for palliative patients. Enhancement to the palliative care program in the community has led to an increase in services and has helped transition palliative clients from hospital to home with more and improved community supports.

"By providing enhanced home care services to people with palliative care needs, we are improving the quality of their lives in their own homes, supporting their families and preventing unnecessary visits and admissions to emergency departments and hospitals. This is a good example where improving the quality of care also improves the efficient use of our health care resources."

Dr. Robert Sauls, Chair, Mississauga Halton LHIN Regional Hospice Palliative Care Steering Committee

Proactive Planning for Surge Capacity in Emergency Department

The Mississauga Halton LHIN and health service partners are helping patients spend less time in emergency departments (ED), allowing them to receive treatment faster and return home sooner, freeing up hospital time to treat other patients. The Mississauga Halton LHIN launched a 2012/13 Holiday Surge Protocol – a pilot project developed in collaboration with primary care providers, community services, acute care hospitals and the LHIN – key to managing and influencing the increased number of patients that find themselves in emergency departments during the holidays.

Working together, these health service providers have taken a regional approach to planning for service availability and coverage over the holidays in order to improve patients' access to the most appropriate type of care, based on their needs and location in our region.

"This was a true collaborative effort between our partners. Through proactive planning, we want to ensure we are working together so patients continue to receive the best possible care, close to home."

Dr. Eric Letovsky, Co-chair of the Surge Protocol Working Group

In conjunction with the protocol, the Feel Better Faster campaign helped patients reduce their wait time this holiday season, providing them with options so they can access the right care, at the right time and in the right place.

Health service providers received the Mississauga Halton Holiday Planning Toolkit, to better inform patients and clients about what is available if they are not feeling well or need certain health care services.

The Feel Better Faster campaign is sponsored by the Mississauga Halton LHIN on behalf of Trillium Health Partners, Halton Healthcare Services and the Mississauga Halton Community Care Access Centre (CCAC).

"Halton Healthcare Services is always seeking ways to improve on the quality care we provide, and as a result we continue to excel year after year in reducing our Emergency Department wait times. This additional funding from the Ministry will help us communicate the other healthcare options that are available this Holiday Season. Through the Holiday Surge Protocol, we are able to educate the public about the various healthcare options that exist and make it easier for them to access care over the Holiday Season – helping to ensure the healthcare needs of the community are met."

John Oliver, President & CEO, Halton Healthcare Services

Caregiver Respite

The Mississauga Halton LHIN has worked with health service providers to continue the development of respite care programs.

The Caregiver Re-Charge Program beginning in April 1st, 2013 is the evolution of the LHIN's focus on respite care. Individuals will be assessed by the Caregiver Re-Charge Program Central Registry through Nucleus Independent Living.

Caregivers admitted to the program are admitted based on standardized, assessed needs and will be provided with flexible access to a variety of services.

The Caregiver Re-Charge Program:

- Puts a focus on the caregiver as a partner
- Gives the caregiver the flexibility on how much service is needed and when the service is to be provided

Merger of the Credit Valley Hospital and Trillium Health Centre

After full consultation with the LHIN and the approval from the Ministry of Health and Long-Term Care, Trillium Health Centre merged with The Credit Valley Hospital on November 30, 2011.

Following the merger, the organization set out to establish a new name as they embarked on a new direction together. After hearing from the community, patients, families, staff, physicians and volunteers, effective on November 30, 2012, Trillium Health Partners was chosen as the corporate name for The Credit Valley Hospital and Trillium Health Centre.

The Mississauga Halton LHIN is actively involved with Trillium Health Partners as we work together on local solutions to improve access to care and services, decrease wait times and further integrate programs between the sites to provide the best care for patients while in hospital through to transition home or into appropriate community care.

Prevention and Management of Chronic Conditions

Patients with chronic conditions require ongoing primary care to help them to maintain their health and manage their conditions. A strong health care system that is well integrated with community health services is the key to improve the health of and reduce the burden of illness in residents with chronic conditions.

Improving Access and Support to Community Diabetes Service

To improve the coordination of care and streamline services for people living with diabetes, the Ministry of Health and Long-Term Care transferred the Diabetes Regional Coordination Centre including Diabetes Education Programs and the Pediatric Diabetes Programs to the LHINs.

In February 2013, the Mississauga Halton LHIN assumed responsibility for the management, planning and coordination of diabetes services and programs, and later, assumed responsibility and accountability for funding Diabetes Education Programs.

With this new mandate the LHIN will contribute to the improvement of health outcomes for people living with diabetes and those at high risk of developing diabetes. As well as reducing costs by ensuring a coordinated and strategic approach with all partners.

Breathe Better – Live Better: Improving the Quality of Life for People with COPD

The new Mississauga Halton Community Chronic Obstructive Pulmonary Disease (COPD) Education Program or Breathe Better – Live Better is providing education and support to manage the condition and improve quality of life for people living with COPD.

The Mississauga Halton LHIN in partnership with GlaxoSmithKline, PRIISME®, Trillium Health Partners, Halton Healthcare Services, the Mississauga Halton CCAC, the City of Mississauga, the Town of Milton and the Town of Oakville have collaborated to ensure patients with COPD – a long-term lung disease – have access to necessary supports in their communities while reducing emergency department visits and hospital admissions through better management of this disease.

Clients with mild to moderate COPD can now learn how to self-manage this condition at convenient community locations that are easily accessible.

Integrating Mental Health and Addiction Services

Mental health and addiction services are better coordinated and accessible in the Mississauga Halton LHIN as a result of partnerships and collaborative efforts. Mental illness and addictions is one of the most costly health care issues and a large contributor to ED visits and readmissions to hospital.

Expanding Access to Opioid Treatment

People with opioid addiction will have better access to treatment as partners work to build bridges and enhance treatment for residents in our community.

An extensive consultation facilitated by the Mississauga Halton LHIN brought together funded and non-funded partners including ADAPT (Halton Alcohol, Drug and Gambling Assessment Prevention & Treatment Services), The Peel Addiction Assessment and Referral Centre (PAARC), Hope Place Centres, the Salvation Army in Mississauga and various experts in opioid treatment to put together a solution that connects and expands services.

"The new funding for opioid treatment will allow for much needed services for a historically underserved, needy and deserving population."

Jan Stewart, Executive Director, ADAPT

This support for opioid treatment will enable:

- Ten frontline staff including case managers and outreach who will focus on developing common care pathways
- Pregnant and parenting women with addictions will be supported
- Outreach workers hired to serve as a link between the shelters and the treatment system
- Two additional residential treatment beds have been created

This new funding will assist in the creation of formal linkages between providers making the system more efficient, coordinated and helping those seeking treatment to access the key supports they need.

"Sadly, opioids have changed the landscape of addiction; families, unborn children, young people, right through to our seniors – all are potentially impacted, so effective care, choice and building awareness are imperative to educate and protect our communities. Throughout the development of this Mississauga Halton LHIN funded opioid proposal, I was heard. I am confident that the amount of passion, collaboration, partnering and networking has created a unique expansion of opioid services that are effective, inclusive and will address stigma."

Betty-Lou Kristy, Member of Ontario's Expert Working Group on Narcotic Addiction; provincial advocate; and person with lived experience who lost her son to opioid overdose

Local Implementation of the Ontario Government's 10 Year Strategy for Mental Health and Addictions:

In order to support local implementation of the Ontario government's Open Minds, Healthy Minds a Mental Health and Addictions Integration Advisory Committee was struck to develop a local three year strategy and advise the LHIN.

The Integration Advisory Committee reviewed the current state of Mental Health and Addictions services throughout the LHIN, developed a future state of services that are desired and prioritized initiatives required to achieve the desired future state. They engaged several stakeholder groups including health care service providers, consumers and primary care providers on its future state vision for a Halton and Mississauga System Coordination Model. At these engagement sessions there has been support and interest for a single point centralized intake and referral model of contact for client and service provider navigation and transitions. Next steps include development of an implementation plan for implementing the identified priorities. Updates on funded initiatives to support the strategy include the following:

Mental Health Nurses in District School Boards

As part of the Ministry's strategy, investments have been made to provide Mental Health Nurses in District Schools. Mississauga Halton LHIN has received funding for 4.5 full time equivalent (FTE) to support children and adolescents in their schools. These nurses are currently integrating into the school boards and linking with Public Health resources within the school boards and the Transitional Aged Youth (TAY) initiatives to ensure integration of care.

Transitions from Youth to Adult Services:

The Transitional Aged Youth (TAY) Coordinating Committee developed a work plan with a series of activities for the year. In August the Steering Committee approved its Policy and Procedures Manual, Client Consent Form, Referral Form and Terms of Reference. The TAY staff has joined local children and youth service coordination tables in an effort to build capacity and system linkages of youth clients to adult services.

With funding from Mississauga Halton LHIN TAY's Education and Awareness hosted a one day workshop for health service providers on the theme of youth engagement & social media titled: "Closing the Gap in Less Than 140 Characters". The objective is to increase understanding of transitional aged youth, learn more about youth engagement strategies, and develop knowledge and use of social media including ways of utilizing social media to engage youth to promote health care services.

Community Concurrent Disorders Program (CCDP):

After two years of operation, this integrated LHIN wide program which is an integrated partnership of three Mississauga Halton LHIN HSPs established to reduce emergency department usage by clients with mental health and addictions (concurrent disorders) continues to evolve to ensure optimal services to clients and integration of providers. Continuous quality improvement projects are ongoing to monitor and enhance service efficiencies.

Enhancing Seniors' Health, Wellness and Quality of Life

Programs such as Adult Day Services, CCAC Enhanced Home Care and Senior Friendly Hospitals are allowing more seniors to receive health care where they live, instead of automatically going to a Long-Term Care home when their needs become more complex.

The aim is to support seniors to go home from hospital, created capacity in the community and reduce ED wait times and ALC.

Behavioural Supports Ontario (BSO)

The Behavioural Supports Ontario (BSO) project continues to be a catalyst for service change and making a difference in the lives of our LHIN residents. BSO represents a $40 million investment developed to enhance services for people who are struggling with mental health, dementia or other neurological conditions.

In the past year, almost 2,000 individuals have had the opportunity to attend the training programs within the LHIN. We have held over 100 outreach and presentation events. Between the mobile services and the behavioral support champions within the LHIN health service providers, over 5,000 clients have been served.

BSO programs are well under way in our LHIN showing positive results with a drop in responsive behaviours and noticeable changes in many participants.

"Changing the approach to care for those residents who are affected by dementia and other conditions that cause agitation requires the support and participation of all staff members. Looking at BSO's progress to date, awesome work has been done. Efforts to further deepen an understanding that there is meaning behind residents' responses will continue. This is a key component to sustaining the gains we have seen thus far, to unlocking enhanced quality of care."

Denise Perennec-Stein, Associate Director of Care at Leisureworld Streetsville

Expanded Adult Day Services

The expansion and enhancement of Adult Day Services within our LHIN has helped to reduce stress on caregivers while improving patients physical, emotional and mental well-being.

The Expanded Adult Day Services includes expansion of evening and weekend services, respite services, crisis management and the implementation of a new bathing service which are being delivered in the LHIN along with our community level partners.

The LHIN worked collaboratively with our health service providers to align with provincial and local priorities.

Regional Specialized Geriatric Clinics

In 2011, Trillium Health Centre was appointed the lead for the Regional Specialized Geriatric Service Program. The goal of this program is to identify needs and provide a management plan for seniors' issues. The ultimate aim is to prevent emergency department visits and avoid unnecessary hospitalization.

The program includes:

- Central Intake and Triage
- Urgent Geriatric Assessment Clinics
- Regional Geriatric Medical Outreach Service
- Falls Prevention Initiative
- Regional Continence Care Program for Seniors

An important continence evaluation report was concluded highlighting the strengths, impact, and gaps in the current continence care, which is a crucial part of senior care.

The Senior Friendly Hospital Strategy

The Senior Friendly Hospital Strategy will contribute directly to the shared health system priorities of reducing emergency department wait times, avoiding hospitalization and achieving excellent care for all. It is a significant quality improvement strategy, currently being implemented by all hospitals in the Mississauga Halton LHIN to improve the quality and value for patients.

The LHIN has taken the initiative to train and educate front-line staff in our hospitals. The one –year education plan was informed from an interactive regional survey and developed events and topics such as; a new graduate workshop on geriatrics, dementia, delirium and depression and has also been important in developing an educational series of videos. The comprehensive education plan was developed and implemented by a local clinical educator and her work focused on building the organizational support component of the Senior Friendly Hospital Framework. This resulted in over 1500 staff participating in senior-related education activities and more than 4500 hours of education.

CCAC Enhanced Home Care Program

The Enhanced Home Care Program is a key program of the Home First concept which focuses on keeping patients – especially high needs seniors – in their homes with community supports.

The program consists of three key services:

- Wait at Home
- Enhanced, Wait at Home – LTC
- Stay at Home

All of these special services have been successful in keeping clients at home and providing clients the right services. Each of these programs has a unique client population, length of time, amount and care to be delivered.

The LHIN has the lowest number of Long-Term care beds per capita in the province and these programs have been

instrumental in reducing demand for Long-Term Care homes. The LHIN conducted a value assessment for these services and the results show a positive impact in our communities.

Seniors' Strategy

The Mississauga Halton LHIN made a significant contribution to Dr. Sinha's Seniors Strategy Report through relevant data, return on investment information and impact of our work, under the Aging at Home initiative.

The success of the Mississauga Halton LHIN's Aging at Home initiative laid a solid foundation for continued work in enhancing community capacity which is aligned with meeting Dr. Sinha's report recommendations. The Mississauga Halton LHIN's Annual Business Plan actions for 2013/14 perpetuate the alignment with recommendations in the report and identify the Mississauga Halton LHIN's initial strategies for a phased approach in completing the recommendations over time.

Strengthening Primary Health Care

Health Links

The initial focus of the Health Links will be improving access for the one per cent and five per cent of the population with the greatest health care needs. These patients typically have multiple chronic conditions and numerous providers who can be disconnected. These patients tend to access the system frequently and from multiple points. The ultimate goal is to bring local health care providers together and develop local solutions to enhance the coordination of care across the health care system and beyond.

By bringing local health care providers together as a team, Health Links will help family doctors to connect patients more quickly with specialists, home care services and other community supports, including mental health services. For patients being discharged from hospital, the Health Link will allow for faster follow-up and referral to services like home care, that will help to reduce the likelihood of re-admission to hospital.

The Summerville Family Health Team, in partnership with Trillium Health Partners, was approved as an early adopter for Health Links to meet the needs of the South East Mississauga area. This Health Link includes partnerships with the Mississauga Halton CCAC, East Mississauga Community Health Centre and a Medical Specialist on staff at THP. Plans for the development of future Health Links for the Mississauga Halton LHIN are underway.

Health Care Connect

Health Care Connect is a program offered through the CCAC's that identifies doctors or nurse practitioners who are accepting patients and links them with people who are in need of a family health care provider. LHIN residents can connect with the CCAC if they do not have a family health care provider to enroll in this program.

Areas in Mississauga have the highest number of patients who are unattached and therefore a low family physician ratio to the population, due to its rapid residential growth. There are also a number of high needs patients in the area of South Etobicoke. In keeping with our goal to address health equity the LHIN has been working with Health Care Connect to reduce the number of unattached patients in the LHIN.

{ Health Care Connect has been able to find 86% of patients a family care provider; including 97% of high needs patients. }

Health Force Ontario: Ensuring access to qualified health care providers, now and in the future

From April 1 2012 to March 31, 2013, 29 physicians in the Mississauga Halton LHIN received job search and transition to practice assistance from HFO MRA's Regional Advisor. Regional Advisors (formerly Community Partnership Coordinators) work with communities and local healthcare organizations within Ontario's 14 Local Health Integration Network (LHIN) regions. Their role is to assist all areas in Ontario reach their physician recruitment and retention goals, and work closely with all medical schools in the province to provide personal job-search assistance and career advice to medical residents.

e-Health

eHealth initiatives are key enablers to the Mississauga Halton LHIN's plans and priorities. They are tools that help ease transitions between providers, standardize data and help patients from becoming lost in the health care system.

Community Support Services Project

Over 88% of qualified and participating organizations successfully completed the implementation of InterRai CHA, InterRai CHA / Screener, and the Screener Only common assessments.

Common Assessment Project (OCAN)

Over 80% of qualified and participating organizations successfully completed the implementation of either the full or core OCAN assessment.

Integrated Assessment Record (IAR) Provincial Implementation

Over 75% of eligible Community Support Service HSPs have implemented the IAR. Over 78% of eligible Community Mental Health HSPs have implemented the IAR, and one third of the in-patient Mental Health service providers are in the process of implementing IAR. The Mississauga Halton CCAC has completed the implementation of IAR, and over 55% Long Term Care Homes have implemented.

Electronic Medical Record (EMR) Adoption

To close out the fiscal 2012-13 year, the EMR implementation rate stands at 66%. We anticipate seeing a significant increase over the coming months as we make progress in related solutions such as Health Links and Hospital Report Manager.

Hospital Report Manager (HRM)

One of the sought after benefits of adopting an EMR is the ability to receive hospital reports electronically from the local hospital. Halton Healthcare Services and Trillium Health Partners are actively implementing within the fiscal 2013-14 year.

ConnectingGTA

ConnectingGTA will improve the patient and clinician experience by providing point-of-care access to electronic patient information from across the care continuum. As the first of three regional integration hubs being created in Ontario, ConnectingGTA supports eHealth Ontario's clinical priorities and accelerates the delivery of electronic health records by integrating electronic patient data from across six Local Health Integration Networks including Mississauga Halton LHIN. Trillium Health Partners was chosen as a contributing hospital.

Resource Matching and Referral (RM&R)

Health care organizations across the LHIN will be using one system to match and refer patients to services that meet their needs, faster. There are 7 steps being followed for completion of the RM&R project. We are focusing on step 5 which is positioned to refine the referral process and tools across sectors.

Central Ontario Cluster and Mississauga Halton eHealth Strategy

In addition to the provincial eHealth initiatives, the Mississauga Halton LHIN along with the other 5 cluster LHINs completed a strategy to help enable the Mississauga

Halton LHIN and the Central Ontario Cluster in planning important eHealth initiatives ultimately leading to the MOHLTC's strategy of implementing an integrated Electronic Health Record by 2015.

Health Equity

Being one the most culturally and linguistically diverse regions in the province of Ontario, equity and respect for the diversity of individuals and communities that we serve is a part of the values and principles we adhere to.

The Mississauga Halton LHIN is committed to creating equitable health opportunities for residents and has established a think tank comprised of stakeholders representing a variety of sectors including: Summit Housing, East Mississauga Community Health Centre, United Way, representatives from various multi-cultural communities (including Francophone and Aboriginal representatives) and Peel and Halton Public Health Units. Its focus is to establish a 'made in Mississauga Halton LHIN' approach to health equity including building capacity for health service providers to support and address the issues linked to the social determinants of health for our residents.

A Health Equity Plan for Mississauga Halton has been developed and will be assessed using the Ontario Ministry of Health and Long-Term Care's Health Equity Impact Assessment (HEIA) Tool in order to identify and measure the health impacts of our plan on vulnerable or marginalized groups.

Quality

Quality improvement is a key enabler for achieving an integrated health system that improves people's healthcare experience across the continuum of care. We know that an increase in quality outcomes contribute to the success and viability of our health care system.

Quality Committee

The establishment of a standing committee of the board focused on quality was approved in June 2012.

This Quality Committee is charged with the responsibility of overseeing the LHINs efforts with respect to setting quality objectives, monitoring performance and initiatives, looking for best practices and innovations, and communicating with the quality committees of our health service partners.

The mandate of the Quality Committee is to:

- Ensure that transparent mechanisms and plans are in place to drive quality patient safety and system effectiveness
- Establish a culture ensuring that health service providers have developed the capacity required for this quality focus
- Ensure that controls and accountabilities are in place to address areas of quality and patient safety

Community Governance Consultation Group

In February 2013, Mississauga Halton LHIN board members (4), CEO, and staff along with 13 board Chairs of our community health service providers held the inaugural meeting of the Community Governance Consultation Group (CGCG).

The role of this group is to:

- Advise the LHIN in the area of collaborative governance for the purpose of advancing quality through integration across the LHIN
- To assist the LHIN community providers' boards of directors in fulfilling their oversight responsibilities
- Develop a strong governance culture
- To keep abreast of and consider the effect that emerging issues and trends may have on health service providers

Creating an Integrated Health Care System

	VOLUNTARY INTEGRATIONS
South East Mississauga Health Links	Health Links is a provincial initiative intended to improve the coordination of care for high user/complex patients through the development of local collaboration with providers across the continuum of care. The South East Mississauga Health Link is in its early stages of development. Voluntary collaboration between Health Service Providers (initially Trillium Health Partners and CCAC) and Primary Care Providers (East Mississauga CHC and Summerville FHT).
Regionals Emergency Department Holiday Surge	The LHIN ED Leaders group developed and implemented a pilot plan that created a state of health system readiness for surge capacity that occurs in hospital Emergency Departments during peak holiday times throughout the year. The scope of the work addressed the availability of primary care physicians, laboratory, and diagnostic imaging services, pharmacy availability and hospital readiness.
Regional Approach To Opioid Addiction Treatment	Integration through development of an Opioid Addiction Treatment System. Additional partners in both funded and non-funded HSPs. Focus on increased capacity and improving transition through the system providing holistic supports for those with opioid addiction and pregnant and parenting women with opioid addiction.
Supports for Daily Living – Video, Resource & Standards Manual	SDL Leadership group in conjunction with the MISSISSAUGA HALTON LHIN produced a Resource Manual that is able to be distributed for use across the province and in Canada by LHINs and health service providers. This ground-breaking resource is comprehensive and is accompanied by a Standards Manual completed in March 2013.
	FUNDED INTEGRATIONS
Integrated Transitions Management: Hospitals & CCAC – Phase 1	The Integrated Discharge Plan initiative is focused on developing an integrated discharge planning model which enhances discharge planning activities between regional acute care centres and the CCAC.
RM&R	The RM&R project has completed the "refresh" for the cluster of 6 LHINs of which the MISSISSAUGA HALTON LHIN is one. Further work will ensue as the MISSISSAUGA HALTON LHIN moves forward to assess the RM&R capability in light of the current state of progress in areas that would be impacted by the RM&R.
In-Home Respite Care Program	Health service providers will partner to deliver In-Home Acute/High Need respite care to caregivers across the LHIN. The program will allow a menu of services to be customized for the caregiver, smooth access to services, support the caregiver and maintain flexibility of services in order to address caregiver need.
Central Registry for Intake and Referral in the Delivery of In-Home Acute/High Need Respite Services	A new central intake and referral centre for Acute/High Need respite care will be provided 7 days a week including: 12 hours on the weekdays and 8 hours on the weekends. This central registry will offer one number to call across the region helping integrate, coordinate and increase accessibility to In-Home Acute/High Need respite services within the Mississauga Halton LHIN. An Assessment and Referral Coordinator and Intake Specialist will staff the centre and begin the assessment of clients and caregivers.
Centralized Intake Program for Diabetes Services	A LHIN wide centralized intake process for access to diabetes services. The goal is to develop and implement a system's role of improving access to diabetes services through a single point of integrated access and ensuring equity with the appropriate routing of referrals. It will provide data on system performance to ensure timely and equitable access to service.
Integration of MISSISSAUGA HALTON Diabetes Regional Coordination Centre into the MISSISSAUGA HALTON LHIN structure	To improve the coordination of care and streamline services for people living with diabetes the Mississauga Halton LHIN assumed responsibility for the regional management, planning and coordination of diabetes services and programs across the region. The LHIN will also be responsible for the funding and accountability of local hospital based Diabetes education Programs (DEPS) to ensure that services are accessible, reflect standardized best practice, and that services are patient centred.
Rapid Response Nurse Program	Rapid Response Nursing Initiative focuses on improving the transition from acute care to home care for complex children and seniors who will be provided with their first nursing visit within 24 hours of discharge from hospital and will ensure patients receive the intended and necessary follow up to prevent unnecessary readmissions to hospital and enhance patient outcomes.
Telemedicine	Co-ordination of a nursing program to utilize the Ontario Telemedicine network to reach clients and healthcare providers in the LHIN specific to mental health.

Ministry LHIN Performance Agreement - MLPA

The MLPA establishes a mutual understanding between the Ministry and the LHIN and outlines respective targets focusing on System Performance and Financial Accountabilities within a pre-defined period of time. The following table outlines MH LHIN performance against targets for 2012/13.

Performance Indicator	LHIN 2012/13 Starting Point	LHIN 2012/13 Performance Target	Most Recent Quarter 2012/13	FY 2012/13 LHIN Annual Result LHIN Performance
Emergency Room/Alternate Level of Care				
Percentage of Alternate Level of Care Days - By LHIN of Institution*	10.44%	9.21%	12.32%	10.83%
90th Percentile ER Length of Stay for Admitted Patients	39.25	30.00	38.68	37.73
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	6.48	7.00	6.05	6.23
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	3.73	4.00	3.58	3.60
Surgical Wait Times				
90th Percentile Wait Times for Cancer Surgery	50	57	46	46
90th Percentile Wait Times for Cardiac By-Pass Procedures	43	43	45	45
90th Percentile Wait Times for Cataract Surgery	189	170	136	153
90th Percentile Wait Times for Hip Replacement	159	159	125	139
90th Percentile Wait Times for Knee Replacement	187	170	177	167
Diagnostic Wait Times				
90th Percentile Wait Times for Diagnostic MRI Scan	89	120	96	99
90th Percentile Wait Times for Diagnostic CT Scan	34	27	28	29
Excellent Care for All/Quality				
Readmission within 30 Days for Selected CMGs**	13.13%	12.60%	14.13%	14.06%
Mental Health and Substance Abuse				
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions**	14.81%	14.10%	17.54%	16.13%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions**	20.24%	18.20%	21.02%	20.60%
Access to Community Care				
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	22	21	27	22

* FY 2012/13 is based on most recent four quarters of data (Q4 2011/12 - Q3 2012/13) due to availability
** FY 2012/13 is based on most recent four quarters of data (Q3 2011/12 - Q2 2012/13) due to availability

Health System Performance and Accountability

In 2012/13 the Mississauga Halton LHIN met or performed better in ten of its 15 performance targets identified in the MLPA. Including:

- ED length of stay for complex and uncomplicated patients - Target Exceeded
- Surgical wait times including Cancer and Cataract Surgery and Hip and Knee Replacement - Target Exceeded
- Cardiac By-Pass Procedures - Target Met
- Diagnostic wait times:
  - o CT Scan - Target Exceeded
  - o MRI Scan - Target Met
- Access to Community Care - Target Met

In the five areas where the LHIN did not meet its targets, the following action plans have been identified to address the underlying issues.

Percentage Alternate Level of Care (ALC) Days

The Mississauga Halton LHIN has one of the best ALC performance and ranks fourth in the province. The best LHIN attained 10.5% compared to the Mississauga Halton LHIN 10.8% and provincial average of 13.9%. Our benchmark is the Mississauga Halton LHIN previous performance at 9.2%. The LHIN continues to strive toward achieving the best performance in the province.

ED Length of Stay Admitted Patients 90th Percentile

The Mississauga Halton LHIN had the poorest performance in the province, primarily due to health care resources that have been overtaken by significant population growth in the region.

The LHIN is actively improving capacity to address this issue. Three significant hospital projects are underway to ensure our growing region has the health care it needs: The new Oakville Hospital, Credit Valley Hospital expansion and the Milton Hospital expansion.

Readmission within 30 days (select CMG's)

The Mississauga Halton LHIN had the best performance in the province although did not meet the target.

Repeat unscheduled ED visits mental health and substance abuse

The Mississauga Halton LHIN had the fourth best performance in the province. The LHIN will continue to strive for improvement in all areas.

Operational Performance

The Mississauga Halton LHIN allocated $1,353,622,725 to Health Service Providers over this past year, making significant investments in Aging at Home, emergency wait time, alternate level of care initiatives as well as nursing volumes. We continue to be actively engaged in the funding and performance management of 69 Health Service Providers several with multiple contracts.

Whenever possible, we also work to actively engage our community in activities that lead to informed decision making with regard to the funding of programs and services with our LHIN.

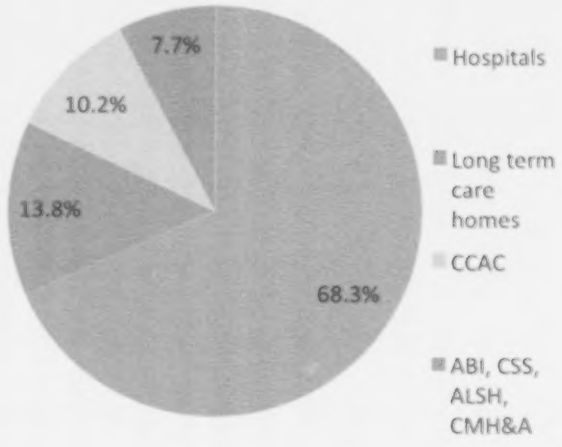
The Mississauga Halton LHIN successfully operated within their total budget of $5,369,895. The total budget is made up of $4,115,693 for LHIN Operations and $1,254,202 for projects including eHealth.

Under the LHIN's core mandate to plan, fund and integrate the local health system, the LHIN is organized into functional departments as follows: Health System Development and Community Engagement, Health System Performance and Integration, Finance and Risk Management, Decision Support and Information Management. Supporting these functions are staff dedicated to Communication, Governance and Quality Improvement.

Throughout the year, we maintained a lean but energetic team of approximately 30 employees who actively facilitated collaboration amongst Health Services Providers to help move the Mississauga Halton LHIN's initiatives forward. LHINs spend a very small amount on administration and far less than average organizations in the public and private sector. Our LHIN manages over $1.35 B in funding. Only 0.3% of our budget goes toward LHIN administration.

As a catalyst for health system improvement, the MHLHIN has successfully engaged our Health System Providers in best practice initiatives as well as utilize the extended efforts of their volunteer teams. The Mississauga Halton LHIN has effectively promoted Health System innovation, quality, accessability and equity while being mindful of funding constraints and system sustainability.

Funding Distribution 2012/13



Funded Health Service Providers in the Mississauga Halton LHIN

The Mississauga Halton LHIN plans, coordinates, integrates, funds and monitors local health service providers, including hospitals, community support services, long-term care homes, mental health and addictions services and a community care access centre.

Community Care Access Centre

- Mississauga Halton Community Care Access Centre

Community Support Services

- Acclaim Health and Community Care Services
- Alzheimer Society of Peel
- The Arthritis Society
- BALANCE - Blind Adults Learning About Normal Community Environment
- The Canadian Hearing Society
- Canadian National Institute for the Blind - CNIB - Ontario Division (Halton/Peel)
- Canadian Red Cross - Peel Branch
- Cheshire House Streetsville
- City of Mississauga - Next Step to Active Living Program
- The Corporation of the Town of Halton Hills
- Dixie Bloor Neighborhood Drop-In Centre
- Dorothy Ley Hospice Inc.
- Forum Italia Community Services - MICBA
- Halton Healthcare Services - Supportive Housing
- Heart House Hospice
- India Rainbow Community Services of Peel
- Ivan Franko Home
- Joyce Scott Non-Profit Homes Inc.
- Links2Care
- Milton Meals on Wheels
- Nucleus Independent Living
- Oakville Kiwanis Meals on Wheels
- Oakville Senior Citizens Residence
- Ontario March of Dimes - Peel
- Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS)
- Peel Senior Link
- Regional Municipality of Halton - Supportive Housing
- S.E.N.A.C.A. Seniors Day Program
- Seniors Life Enhancement Centres
- Trillium Health Partners - CSS
- Victorian Order of Nurses - Peel Branch
- Wawel Villa Incorporated
- Yee Hong Centre for Geriatric Care
- Wesburn

Hospitals

- Trillium Health Partners
- Halton Healthcare Services Corporation

Long Term Care Homes

- Allendale - The Regional Municipality of Halton
- Bennett Health Care Centre
- Cawthra Gardens Long Term Care Community
- Cooksville Care Centre
- Dom Lipa Nursing Home (Slovenian Linden Foundation)
- Eatonville Care Centre
- Erin Mills Lodge Nursing Home - (Devonshire Erin Mills Inc.)
- Extendicare - Halton Hills
- Extendicare - Mississauga
- Labdara Lithuanian Nursing Home
- Leisureworld Caregiving Centre - Mississauga
- Leisureworld Caregiving Centre - Streetsville
- McCall Centre Long Term Care Interim Unit - Trillium Health Centre
- Mississauga Long Term Care Facility
- Northridge Long Term Care Facility
- Post Inn Village - The Regional Municipality of Halton
- Sheridan Villa (Regional Municipality of Peel)
- Specialty Care Mississauga Road
- Tyndall Seniors Village Inc.
- Villa Forum Nursing Home - MICBA
- Village of Erin Meadows - Oakwood Retirement

- The Waterford Regency Care
- The Wenleigh
- Wesburn Manor (City of Toronto Home for the Aged)
- West Oak Village Long Term Care Facility
- The Westbury
- Wyndham Manor - Halton Healthcare Services Corporation LTC Inc.
- Yee Hong Centre for Geriatric Care

Mental Health & Addictions

- Canadian Mental Health Association - Halton Branch
- Grace House Group Home
- Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment, ADAPT
- Halton Healthcare Services Corporation - Community Mental Health
- Halton Recovery House & Hope Place Women's Treatment Centre
- North Halton Mental Health Clinic
- Supported Training and Rehabilitation in Diverse Environments (STRIDE)
- Summit House
- Support & Housing – Halton
- The Peel Addiction Assessment and Referral Centre (PAARC)
- Trillium Health Partners -Credit Valley Hospital - Community Mental Health
- Trillium Health Partners -Mississauga Hospital - Community Mental Health

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Financial statements of

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

as of March 31, 2013

MISSISSAUGA HALTON **LOCAL HEALTH INTEGRATION NETWORK**

March 31, 2013

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Independent Auditor's Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the accompanying financial statements of Mississauga Halton Local Health Integration Network, which comprise the statement of financial position as at March 31, 2013, and the statements of financial activities, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration Network as at March 31, 2013 and the results of its financial activities, change in its net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
June 10, 2013

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of financial position
as of March 31, 2013

Financial assets		
Cash	**594,426**	740,319
Accounts receivable	**85,860**	62,090
Accounts receivable Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**2,500,800**	1,129,429
Due from other Local Health Integration Network ("LHIN")	**-**	60,000
Due from the LHIN Shared Services Office	**59,362**	-
	3,240,448	1,991,838
Liabilities		
Accounts payable and accrued liabilities	**356,490**	425,062
Accounts payable HSPs transfer payments (Note 3)	**2,500,800**	1,129,429
Due to MOHLTC (Note 4b)	**413,339**	437,462
Due to the LHIN Shared Services Office (Note 5)	**-**	2,537
Deferred capital contributions (Note 6)	**97,420**	21,386
	3,368,049	2,015,876
Net debt	**(127,601)**	(24,038)
Commitments (Note 7)		
Non-financial assets		
Prepaid expenses	**30,181**	2,652
Tangible capital assets (Note 8)	**97,420**	21,386
	127,601	24,038
Accumulated surplus	**-**	-

Approved by the Board

Graeme Goebelle, FCPA, FCA
Chair

Ron Haines, FCPA, FCA
Vice Chair

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of financial activities
as of March 31, 2013

	2013		2012
	Budget (Note 9)	**Actual**	Actual
	$	**$**	$
Revenue			
MOHLTC Funding			
HSP transfer payments (Note 3)	**1,307,711,533**	**1,353,622,725**	1,326,123,484
LHIN Operation	**4,332,293**	**4,086,874**	4,332,293
Emergency Department (ED) Lead (Note 11a)	**75,000**	**75,000**	75,000
ER/ALC Performance Lead (Note 11b)	**100,000**	**100,000**	100,000
French Language Health Services (Note 11c)	**106,000**	**106,000**	106,000
Critical Care Lead (Note 11d)	**75,000**	**75,000**	75,000
Aboriginal Engagement (Note 11e)	**5,000**	**5,000**	5,000
Primary Care Lead (Note 11f)	**75,000**	**75,000**	43,750
Behavioural Supports Ontario (BSO) Initiative (Note 11g)	-	-	57,000
LHIN Enabling Technologies for Integration Project Management Office (ETI PMO) (Note 11h)	-	**580,000**	475,000
Diabetes Regional Coordination Centre Program (Note 11i)	-	**150,718**	-
Amortization of deferred capital contributions (Note 6)	-	**40,268**	45,790
	1,312,479,826	**1,358,916,585**	1,331,438,317
Funding repayable to the MOHLTC (Note 4a)		**(416,840)**	(437,462)
	1,312,479,826	**1,358,499,745**	1,331,000,855
Expenses			
Transfer payments to HSPs (Note 3)	**1,307,711,533**	**1,353,622,725**	1,326,123,484
General and administrative expense LHIN operation (Note 10)	**4,332,293**	**4,087,518**	4,144,335
Emergency Department (ED) Lead (Note 11a)	**75,000**	**72,845**	72,361
ER/ALC Performance Lead (Note 11b)	**100,000**	**99,817**	98,812
French Language Health Services (Note 11c)	**106,000**	**104,358**	63,291
Critical Care Lead (Note 11d)	**75,000**	**72,217**	72,000
Aboriginal Engagement (Note 11e)	**5,000**	**4,991**	4,987
Primary Care Lead (Note 11f)	**75,000**	**73,094**	18,157
Behavioural Supports Ontario (BSO) Initiative (Note 11g)	-	-	39,822
LHIN ETI Project Management Office (PMO) (Note 11h)	-	**225,680**	363,606
Diabetes Regional Coordination Centre Program (Note11i)	-	**136,500**	-
	1,312,479,826	**1,358,499,745**	1,331,000,855
Annual surplus and accumulated surplus, end of year	**-**	**-**	-

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of changes in net debt
as of March 31, 2013

	Budget (Note 9)	2013 Actual	2012 Actual
	$	$	$
Annual surplus	-	-	-
Prepaid expenses, net	-	(27,529)	11,431
Acquisition of tangible capital assets	-	(116,302)	-
Amortization of tangible capital assets	-	40,268	45,790
(Increase) decrease in net debt	-	(103,563)	57,221
Net debt, beginning of year	-	(24,038)	(81,259)
Net debt, end of year	-	(127,601)	(24,038)

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of cash flows
as of March 31, 2013

	2013	2012
	$	$
Operating transactions		
Annual surplus	-	-
Add item not affecting cash		
Amortization of tangible capital assets	**40,268**	45,790
Less items not affecting cash		
Amortization of deferred capital contributions (Note 6)	**(40,268)**	(45,790)
Changes in non-cash operating items		
(Increase) decrease in accounts receivable	**(23,770)**	13,455
Decrease (increase) in due from other LHIN	**60,000**	(60,000)
Increase in due from the LHIN Shared Services Office	**(59,362)**	-
(Increase) decrease in accounts receivable MOHLTC transfer payments to HSPs	**(1,371,371)**	2,819,705
Decrease in accounts payable and accrued liabilities	**(68,572)**	(322,410)
Increase (decrease) in accounts payable HSPs transfer payments	**1,371,371**	(2,819,705)
Decrease in due to MOHLTC	**(24,123)**	(494,380)
(Decrease) increase in due to the LHIN Shared Services Office	**(2,537)**	753
(Increase) decrease in prepaid expenses	**(27,529)**	11,431
	(145,893)	(851,151)
Capital transaction		
Acquisition of tangible capital assets	**(116,302)**	-
Financing transaction		
Capital contributions received (Note 6)	**116,302**	-
Net decrease in cash	**(145,893)**	(851,151)
Cash, beginning of year	**740,319**	1,591,470
Cash, end of year	**594,426**	740,319

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements as of March 31, 2013

1. Description of business

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act*, 2006 (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry - LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSPs. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2013.

The LHIN has also entered into an Accountability Agreement with the MOHLTC, which provides the framework for LHIN accountabilities and activities.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets and impairment in the value of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. As directed by the ministry, there are circumstances when funding received by the HSP is used to pay expenses for which the related services have not yet to be performed. These amounts are recorded by the HSP as payable to the MOHLTC/LHIN at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as tangible capital assets in the operation of the LHIN, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of the asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment	3 years straight-line method
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. Significant accounting policies (continued)

Adoption of new accounting standards

As at April 1, 2012, the LHIN adopted Public Sector Accounting Handbook *Section PS 1201, "Financial Statement Presentation"*, Section PS 2601 *"Foreign Currency Translation"*, PS 3410 "*Government Transfers*" and Section PS 3450, *"Financial Instruments"*. There was no impact of the adoption of these new standards on the financial statements.

3. Transfer payments to HSPs

In fiscal 2013, the LHIN had authorization to allocate funding of $1,353,622,725 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2013 as follows:

	2013	2012
	$	$
Operation of hospitals	**924,813,636**	914,017,075
Long term care homes	**186,403,556**	182,575,414
Community care access centres	**138,197,671**	130,122,602
Community support services	**32,077,723**	30,702,861
Assisted living services in supportive housing	**30,812,120**	29,776,140
Community mental health	**29,603,697**	28,360,394
Addictions program	**5,579,399**	4,665,952
Acquired brain injury	**6,134,923**	5,903,046
	1,353,622,725	1,326,123,484

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2013, an amount of $2,500,800 (2012 - $1,129,429) was receivable from the MOHLTC and $2,500,800 (2012 - $1,129,429) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's financial activities and are included above.

New investment decisions targeting various Ministry priorities such as investments in home care; community services to support seniors, to support reduction in emergency room wait times and alternate level of care and avoidable hospital readmissions are included in the above transfer payments to HSPs.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Notes to the financial statements
as of March 31, 2013

4. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2013 Excess funding	2012 Excess funding
	$	$	$	$
Transfer payments to HSPs	1,353,622,725	1,353,622,725	-	-
LHIN operations	4,127,142	4,087,518	39,624	233,748
LHIN special funded initiatives				
ED Lead	75,000	72,845	2,155	2,639
ER/ALC Performance Lead	100,000	99,817	183	1,188
French Language Health Services	106,000	104,358	1,642	42,709
Critical Care Lead	75,000	72,217	2,783	3,000
Aboriginal Engagement	5,000	4,991	9	13
Primary Care Lead	75,000	73,094	1,906	25,593
BSO Initiative	-	-	-	17,178
LHIN Enabling Technologies for Integration (ETI)	580,000	225,680	354,320	111,394
Diabetes Regional Coordination Centre Program (DRCC)	150,718	136,500	14,218	-
	1,166,718	789,502	377,216	203,714
	1,358,916,585	1,358,499,745	416,840	437,462

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2013	2012
	$	$
Due to MOHLTC, beginning of year	437,462	931,842
Amount recovered by the MOHLTC during the year	(437,462)	(931,842)
Funding repayable to the MOHLTC related to current year activities (Note 4a)	416,839	437,462
In year surplus recovered by MOHLTC	(3,500)	-
Due to MOHLTC, end of year	413,339	437,462

5. Shared services agreement

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

The Local Health Integration Network Collaborative ("LHINC") became a division of the Toronto Central LHIN in fiscal 2010. LHINC was formed to foster engagement of the LHINS' HSP community and encourage collaborative integration of the health care system to all LHINs. LHINC is subject to the same policies, guidelines and directives as the LSSO and Toronto Central LHIN.

The MH LHIN has also entered into various shared service agreements with respect to the LHIN ETI as a shared responsibility to the Central West LHIN, Hospitals and the Mississauga Halton Community Care Access Centre.

6. Deferred capital contributions

	2013	2012
	$	$
Balance, beginning of year	**21,386**	67,176
Capital contributions received during the year (Note 11i)	**116,302**	-
Amortization for the year	**(40,268)**	(45,790)
Balance, end of year	**97,420**	21,386

7. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2016. Other lease renewals are likely. Minimum lease payments due in each of the next three years are as follows:

	$
2014	**266,746**
2015	**258,256**
2016	**193,643**
	718,645

The existing building lease commitment will expire December 31, 2015. The LHIN is presently in negotiations with respect to the current lease of the building.

The LHIN also has funding commitments to all HSPs associated with accountability agreements allocating planning targets for future fiscal years. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

8. Tangible capital assets

	Cost	Accumulated amortization	2013 Net book value	2012 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	263,020	165,600	97,420	18,321
Computer equipment	36,675	36,675	-	3,065
Web development	68,160	68,160	-	-
Leasehold improvements	880,162	880,162	-	-
	1,248,017	1,150,597	97,420	21,386

9. Budget figures

Health Service Providers

The initial funding budget figures reported in the Statement of Financial Activities reflect the opening base as at April 1, 2012 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $1,353,622,725 as at March 31, 2013 is made up of the following:

	$
Initial HSP funding budget as at April 1, 2012	1,307,711,533
Adjustments due to announcements made during the year	45,911,192
Final HSP funding budget	1,353,622,725

LHIN operations

The final operating budget from MOHLTC of $5,369,895 as at March 31, 2013 is made up of the following:

	$
Initial budget as at April 1, 2012	
LHIN operations	4,332,293
French Language Services	106,000
Aboriginal Engagement	5,000
ED Lead	75,000
ER/ALC Performance Lead	100,000
Critical Care Lead	75,000
Primary Care Lead	75,000
Additional (reduction) funding received during the year for:	
Base reduction in LHIN operation	(216,600)
LHIN ETI PMO	580,000
Diabetes Regional Coordination Centre Program (DRCC)	238,202
Final budget	5,369,895

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Notes to the financial statements
as of March 31, 2013

10. Expenses classified by object

The Statement of Financial Activities presents the expenses by function. The following classifies general and administrative expenses by object:

	2013	2012
	$	$
Salaries and benefits	**3,044,240**	3,035,664
Shared services	**336,951**	481,240
LHIN Collaborative	**47,500**	26,975
Staff travel	**18,964**	11,542
Communication	**28,139**	20,658
Accommodation	**174,628**	129,656
Advertising	**30,788**	15,009
Professional fees and medical professional services	**34,430**	16,420
Consulting fees	**27,633**	-
Equipment rentals	**20,932**	23,877
Insurance	**6,288**	17,030
Other meeting expenses	**22,058**	27,715
Board Chair's per diem expenses	**40,950**	48,650
Other Board members' per diem expenses	**25,950**	29,800
Other governance costs and travel	**33,819**	37,805
Printing and translation	**38,040**	12,626
Staff development	**33,409**	34,452
IT equipment	**2,976**	63,811
Office supplies and purchased equipment	**59,736**	47,500
Amortization	**40,268**	45,790
Other services	**19,819**	18,115
	4,087,518	4,144,335

The Statement of Financial Activities presents the expenses by function; the following classifies LHIN special funded initiatives, by object:

	2013	2012
	$	$
Salaries and benefits	**489,004**	496,476
Shared services	**6,259**	4,569
Staff travel	**4,385**	4,735
Communication	**1,342**	2,814
Accommodation	**5,895**	29,476
Advertising	**800**	4,549
Professional fees/ Medical Professional Services	**216,000**	162,000
Equipment rentals	**2,911**	2,929
Other meeting expenses	**10,105**	11,077
Printing and translation	**250**	295
Staff development	**1,780**	3,319
IT equipment	**23,034**	10,425
Office supplies and purchased equipment	**26,893**	198
Other services	**844**	174
	789,502	733,036

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Notes to the financial statements
as of March 31, 2013

11. Other funding initiatives

a) Emergency Department (ED) Lead

The MOHLTC provided $75,000 (2012 - $75,000) of one-time funding to support the compensation of the Emergency Department LHIN Lead and other miscellaneous professional expenses to the LHIN. During the year, $72,845 (2012 - $72,361) of expenses were incurred.

b) ER/ALC Performance Lead

The MOHLTC provided one-time funding of $100,000 (2012 - $100,000) relating to the LHIN ER/ALC Performance Lead initiative. The one-time funding to assist the LHIN in achieving its ER/ALC outcomes and advance the implementation of a standard performance management approach for the ER/ALC strategy such that the LHIN and MOHLTC can monitor progress regularly. During the year, $99,817 (2012 - $98,812) of expenses were incurred.

c) French Language Health Services

The MOHLTC provided base funding of $106,000 (2012 - $106,000) to support the francophone community needs within the LHIN. During the year, $104,358 (2012 - $63,291) of expenses were incurred.

d) Critical Care Lead

The MOHLTC provided one-time funding of $75,000 (2012 - $75,000) to support the compensation of the Critical Care Lead and other miscellaneous professional expenses. The funding will advance the implementation of a comprehensive Critical Care Strategy, which is designed to improve access, quality and system integration. During the year, $72,217 (2012 - $72,000) of expenses were incurred.

e) Aboriginal Engagement

The MOHLTC provided base operational funding of $5,000 (2012 - $5,000) to the LHIN for the purposes of engaging the Aboriginal population and organizations in the Mississauga Halton LHIN. During the year, $4,991 (2012 - $4,987) of expenses were incurred.

f) Primary Care Lead

The MOHLTC provided funding to support the Primary Care Lead Pilot Project in the LHIN. The Primary Care Lead's role is to advance primary care services to support timely, accessible and effective primary care and prevent unnecessary emergency department visits. The funding allocation for fiscal year 2013 was $75,000 (2012 - $43,750). During the year, $73,094 (2012 - $18,157) of expenses were incurred.

g) Behavioural Supports Ontario (BSO) Initiative

The MOHLTC provided one time funds of $Nil (2012 - $57,000) to the LHIN to support the successful implementation of the local action plan for the BSO project under the transfer payments to the HSPs. The BSO project was created to enhance services for Ontarians with behaviours associated with complex and challenging mental health, dementia or other neurological conditions wherever they live; at home, in long-term care or elsewhere. During the year, $Nil (2012 - $39,822) of expenses were incurred.

h) LHIN Enabling Technologies for Integration (LHIN ETI) Project Management Office

The MOHLTC provided one-time funding of $580,000 (2012 - $475,000) to the LHIN. The funds were used to cover the operational and project costs associated with LHIN ETI activities. During the year, $225,680 (2012 - $363,606) of expenses were incurred.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements as of March 31, 2013

11. Other funding initiatives (continued)

i) Diabetes Regional Coordination Centre Program (DRCC)

The LHIN received funding for the Diabetes Regional Coordination Centre Program (DRCC) of $238,202 (2012 - $Nil) of which $150,718 was recognized as revenue and $87,484 was treated as capital contributions for the year. The LHIN is now responsible for the regional management related to diabetes care, planning and coordination of diabetes services effective February 1, 2013. During the year, $136,500 (2012 - $Nil) of expenses were incurred. Funds were used to support the following expenses: salaries and benefits of $114,080 and other operational expenses of $22,420.

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 32 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2013 was $279,883 (2012 - $262,701) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan as at December 31, 2012. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act*, 2006 and in accordance with s. 28 of the *Financial Administration Act*.